Mileage Report – In-County Travel

NAME:_____Pay Code__70__
DEPARTMENT: Professional Development_____Location__655__
Employee # _____
Total Number of Miles_____

Date of Month	Locations (Please abbreviate.)	Daily Mileage

Total number of miles traveled for the Month_____
This is a record of the mileage on my vehicle used exclusively in the performance of the duties of my position to the best of my knowledge and ability.

_____ _____
Approved: Employee Signature